U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS ATTORNEY APPEARANCE FORM

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of Case Number: 08 C 549
DEBORAH J. GASPARI v. ADVOCATE HEALTH and

HOSPITALS CORPORATION

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR: ADVOCATE HEALTH AND HOSPITALS CORPORATION

Sara M. Stertz SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Sara M. Stertz FIRM SmithAmundsen LLC STREET ADDRESS 150 N. Michigan Avenue, Suite 3300 CITY/STATE/ZIP Chicago, Illinois 60601 ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6290843 ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? FIRM SmithAmundsen LLC STREET ADDRESS 150 N. Michigan Avenue, Suite 3300 CITY/STATE/ZIP Chicago, Illinois 60601 ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6290843 ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES NO ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES NO IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES NO IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL APPOINTED COUNSEL	NAME (Type or print)		
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